EXHIBIT A-4

APPENDIX B

Personnel

The Independent Administrator of the NFL Policy on Performance-Enhancing Substances is Dr. John Lombardo, who is currently Medical Director of the Max Sports Medicine and Clinical Professor in the Department of Family Medicine at the Ohio State Medical School and a member of the Prohibited Substances and Methods Committee of the World Anti-Doping Agency. He also was previously a member of the faculty at the Sports Medicine Center of the Cleveland Clinic and has served as team physician to the Cleveland Cavaliers of the NBA and as an advisor on steroid issues to both the NCAA and the Olympic Committee.

The Chief Forensic Toxicologist is Dr. Bryan Finkle, a pharmacologist and toxicologist with more than fifty years' experience in forensic science and more than twenty years in the toxicology of sports medicine and anti-doping laboratory science. He was formerly on the faculty at the University of Utah, colleges of Pharmacy and Medicine and Director of the Center for Human Toxicology. Dr. Finkle serves as President and Chairman of the Board of the Sports Medicine, Research and Testing Laboratory and as consultant to the United States Anti-Doping Agency, the World Anti-Doping Agency and the International Olympic Committee. He also serves on the scientific advisory board of the Partnership for Clean Competition and NFL/NFLPA foundations in support of research and education related to anti-doping issues.

The Parties agree that the roles and responsibilities of the Independent Administrator and Chief Forensic Toxicologist are intended to provide expert medical and scientific oversight of testing procedures to ensure that NFL Players receive the highest level of protection permitted in the administration of the Policy.

APPENDIX C

Examples of Medical Evaluations

A. Initial Positive Test

History and Physical

Emphasize:
- Cardiovascular
- Abdominal
- Genitourinary (testicle, prostate, impotence, sterility)
- Psychological (aggressiveness, paranoia, dependency, mental status)
- Immune system (masses, infections, lymphadenopathy)

Testing

- CBC with Differential
- General chemistry panel
  - Electrolytes, BUN/Creatinine, Glucose, Liver enzymes
- Lipid Assay
  - Triglycerides/cholesterol, HDL-C, LDL-C
- Urinalysis
- Cardiovascular
  - EKG
  - Chest X-ray
  - Stress test
  - Echocardiogram
- Semen analysis
- Endocrine Profile
  - TSH, LH, FSH, T4, TBG, Testosterone, SHBG (TBG), Cortisol, ACTH, Serum, Beta hCG
- Liver scan (either MRI or CT or Ultrasound or liver/spleen Scan)
- CT scan of chest/abdomen
- MRI of brain (with attention to pituitary gland)
- Ultrasound of testes

B. Repeat Positive Test Evaluation+

History and Physical - as above

Testing - Lab as above

- CV, Liver scan } As indicated by time since last test and by history and physical

APPENDIX D

POLICY ON PERFORMANCE-ENHANCING SUBSTANCES
-Use of Supplements-

Over the past several years, we have made a special effort to educate and warn Players about the risks involved in the use of "nutritional supplements." Despite these efforts, several Players have been suspended even though their positive test result may have been due to the use of a supplement. Subject to your right of appeal, **if you test positive or otherwise violate the Policy, you *will* be suspended.** You and you alone are responsible for what goes into your body. Claiming that you used only legally available nutritional supplements will not help you in an appeal.

As the Policy clearly warns, supplements are not regulated or monitored by the government. This means that, even if they are bought over-the-counter from a known establishment, there is currently no way to be sure that they:

(a) contain the ingredients listed on the packaging;

(b) have not been tainted with prohibited substances; or

(c) have the properties or effects claimed by the manufacturer or salesperson.

Therefore, if you take these products, you do so AT YOUR OWN RISK! For your own health and success in the League, we strongly encourage you to avoid the use of supplements altogether, or at the very least to be extremely careful about what you choose to take.

Take care and good luck this season.

APPENDIX E

To: NFL Players
From: Dr. John Lombardo
Subject: Supplements

At the request of the NFL Management Council and NFL Players Association, this will advise you of both health and Policy violation risks you may be faced with by adding over-the-counter supplements to your diet.

In 1994, the U.S government passed a law entitled "The Dietary Supplement Health and Education Act". As a result of this law, the supplement manufacturers and distributors do not have to prove the effectiveness or the safety of their products. Also, the ingredients of the supplements are not checked by any independent agency, such as the Food and Drug Administration (FDA), to certify the contents of the supplements. **Therefore, the effectiveness, side effects, risks and purity of many products you can buy at the health food store are unknown.**

This law also permits over-the-counter sale of products that violate the NFL's Policy. For example, DHEA, a steroidal hormone that serves as a direct precursor for the synthesis of testosterone, is widely advertised. However, since this substance is found in some plants and animals, manufacturers currently are allowed to market it as a dietary supplement. This product, like many other supplements that contain substances that violate the Policy, can be purchased at your local health food store and, when ingested, is no different than taking illegal anabolic steroids or related substances.

If you take supplements that contain a substance that violates the Policy it will subject you to discipline. More importantly, you run the risk of harmful health effects associated with their use.

I will continue to provide you with information on the subject throughout the year. In the meantime, if you have any questions about supplements or the steroid Policy, please contact me.

JOHN A. LOMBARDO, M.D.
Independent Administrator of the NFL Policy on Performance-Enhancing Substances

APPENDIX F

U.S. Department of Justice
Drug Enforcement Administration

Office of the Administrator *Washington, D.C. 20537*

July 15, 2008

Mr. Roger Goodell
Commissioner
National Football League
280 Park Avenue
New York, New York 10017

Dear Commissioner Goodell:

Thank you for your concern regarding the policies of the Drug Enforcement Administration (DEA) in enforcing the Anabolic Steroid Control Act of 1990, as amended in 2004, and the National Football League's (NFL) policies to eliminate the use of anabolic steroids in the NFL.

Your program of random and reasonable cause testing for steroids reinforces the provisions of the Anabolic Steroid Control Act. Under this law, DEA has the responsibility to regulate all aspects of the legitimate steroid industry, including doctors and pharmacists.

To those who use anabolic steroids, including professional athletes, I should emphasize that under the Act, possession of even personal use quantities not validly prescribed by a doctor is a federal crime. The maximum penalty for simple possession (possession not for sale), is one year in a federal prison and a minimum $1,000 fine.

DEA will also investigate and prosecute violations involving the unlawful manufacture, distribution, and importation of anabolic steroids. Doctors who prescribe anabolic steroids for other than legitimate purposes will be prosecuted. Pharmacists who dispense anabolic steroids without a doctor's prescription or with one that they know is fraudulent or not issued for a legitimate medical purpose will also be prosecuted.

While DEA's primary focus is law enforcement, we also recognize the importance of public education on matters such as these. I would thus appreciate it if you would make this letter directly available to each NFL team, its players, physicians, trainers, and other personnel.

Sincerely,

Michele M. Leonhart
Acting Administrator

APPENDIX G

Standard Form of Documentation Package

Tab	Item(s)
1.	Cover Sheet
2.	Table of Contents
3.	General Overview of Laboratory Procedures
4.	Custody and Control Forms
	a. External Chain of Custody Form
	b. Specimen Chain of Custody (Bottle and Aliquot)
5.	Initial Test Information (A-Bottle)
6.	Confirmation Test Information
	a. Confirmation Test Description
	b. Chain of Custody Documents
	c. Confirmation Aliquot Chain of Custody Log
	d. Specimen ID Verification Report
	e. Analytical Data
7.	Certification Information
	a. Pending Positive Report (Certifying Scientist Worksheet)
	b. Laboratory Report
8.	Re-Test Information (B-Bottle)
	a. Chain of Custody Pull List
	b. Confirmation Aliquot Chain of Custody Log
	c. Specimen ID Verification Report
	d. Analytical Data
9.	Re-Test Certification Information
	a. Pending Positive Report (Certifying Scientist Worksheet)
	b. Laboratory Report

APPENDIX H

Procedures for Failure to Appear for Testing

Players who are selected for Testing must present and provide a specimen within the time periods set forth in Section 3.2 of this Policy. Players who fail to do so without a valid reason as determined by the Independent Administrator will be subject to discipline as set forth below.

When a Player fails to appear for testing, the Parties, in consultation with the Independent Administrator, will determine the nature of the failure and the degree of the Player's culpability. If the failure to appear is determined to have been a deliberate effort to evade or avoid testing, then the failure will be treated as a Section 6 violation, subject to appeal. For other cases, the failure will be treated as follows:

Unless a warning is issued, the *first* time a Player fails to appear for testing, he will be fined up to $25,000 under his NFL Player Contract and will be placed into the reasonable cause testing program.

A *second* failure to appear for testing will result in a fine of 2 weeks' pay.

A *third* violation will result in a 4-game suspension without pay.

All disputes in connection with these procedures may only be reviewed pursuant to the Other Appeals procedures set forth in Section 10 of the Policy.

Nothing in these procedures shall be meant to include failures to cooperate with testing other than the failure to appear for testing within the applicable time period. Deliberate efforts to substitute or adulterate a specimen, alter a Test Result, evade testing or engage in prohibited doping methods will be considered Positive Tests and will be subject to the discipline set forth in Section 6 of the Policy.

APPENDIX I

Therapeutic Use Exemptions

The NFL recognizes that within the list of prohibited substances there are medications that are appropriate for the treatment of specific medical conditions. For athletes who require the use of a prohibited substance to treat an appropriately diagnosed medical problem, a

Therapeutic Use Exemption (TUE) may be requested. In reviewing a TUE request, the Independent Administrator of the NFL Policy for Anabolic Steroids and Related Substances and the Medical Advisor for the Policy and Program for Substances of Abuse have sole discretion to require medical evidence beyond that normally necessary to initiate treatment by the medical community.

TUEs may be granted by the Independent Administrator and/or Medical Advisor after review of a player's TUE application. The TUE application should be filled out and submitted by the player's treating physician and should include all pertinent medical records documenting the diagnosis. After review of each case, the advisors may require further diagnostic testing or previous medical records, and/or may utilize the services of expert consultants. The advisors will have the final decision whether to grant a TUE.

The following general requirements apply to all TUE requests:

1. The medication must be necessary and indicated for treatment of the specific medical problem for which it has been requested;

Acceptable alternative treatments with medications that are not prohibited were attempted but failed, or reasons for not prescribing these alternative treatments have been presented;

2. Appropriate evaluation has been completed and all medical records documenting the diagnosis have been submitted for review; and
3. The applicant may not begin use of the prohibited substance until after the TUE is granted.

Effective immediately, a TUE may be granted retroactively only if emergency use of the prohibited substance is necessary to avoid morbidity or mortality of disease or disorder. TUEs for draft-eligible players will continue to be reviewed and granted prior to or following pre-employment tests at Combine or during visits to individual team facilities.

In addition, specific requirements have been established and must be satisfied in order to obtain a TUE for the following conditions:

- ADD/ADHD
- male pattern baldness
- hypertension
- hormonal deficiency due to either primary or secondary hypogonadism and/or hypopituitarism.

Any player who seeks to be treated by a physician with a prohibited substance for any condition must have that physician file a TUE application with the Independent Administrator. If a player tests positive for a prohibited substance without having been granted a TUE, this constitutes a positive test and will be referred for administrative action.

2014 Therapeutic Use Exemption (TUEs) Application Form

Please print clearly or type all sections of this form

Athlete Information

Name: _____ **Date of Birth:** _____

Team: _____ **Position:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell: _____ **E-mail:** _____

Medical Information **(Medical records must be included that document diagnosis & treatments)**

Diagnosis: _____

Medication requested: Name (generic): _____

Dose: _____ **Route:** _____ **Frequency:** _____ **Duration of treatment:** _____

Alternative treatments with non-prohibited substances attempted: _____

_____

_____

Physician Information and Declaration

I certify that the above treatment is medically appropriate and that the use of alternate medication not on the prohibited list would be unsatisfactory for this condition.

Name: _____ **Degree:** _____

Medical Specialty: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Signature of Physician: _____ **Date:** _____

All TUE applications with documentation are to be sent to:

John A. Lombardo, MD
Independent Administrator of NFL Policy for Anabolic Steroids and Related Substances
mail: 1953 Lytham Road, Columbus, OH 43220
fax: 614-442-0107
e-mail: jlombardo@drjalombardo.com

NFL Requirements for Therapeutic Use Exemption (TUE):

Attention Deficit and Attention Deficit Hyperactivity Disorders (ADD/ADHD)

ADD and ADHD are neurobehavioral disorders characterized by a persistent pattern of inattention and/or hyperactivity. To determine the diagnosis of ADD or ADHD, the medical evaluation must include:

1. Complete history, including interviews with player and preferably with family, associates, teachers, coaches or supervisors to establish behaviors;
2. Evaluation for co-morbidities, including laboratory tests, neurocognitive testing and appropriate screening tests (there is no one specific test which is diagnostic for ADD or ADHD) to determine the diagnosis and treatment plan; and
3. Establishment of DSM-IV or DSM-V (when available) criteria met by player for the diagnosis of ADD or ADHD through complete evaluation and use of a validated ADHD diagnostic rating scale (see below).

Initial TUE application

As a reminder, all TUE applications must be sent to the Independent Administrator prior to the initiation of treatment.

The following specific requirements must be satisfied in order to grant a TUE for ADD or ADHD:

1. Evaluation within the last 3 years by a psychiatrist, other physician who has specialized in the treatment of ADD and ADHD or a knowledgeable physician working with a psychologist who works in this area;
2. Pertinent and current history, physical examination and testing, which must be reported including:
    a. Complete history and physical examination, which must include a thorough neurological evaluation, including a thorough and complete concussion history with appropriate brain imaging if indicated and any neuropsychological testing performed to distinguish between post concussive symptoms and ADHD;
    b. The presence or absence of other mental health disorders should be established via longitudinal clinical psychiatric history
    c. Any evaluation or testing for medical and mental health co-morbidities (hypothyroidism, depression, etc.), including laboratory tests, imaging studies or neuropsychological testing (does not replace longitudinal psychiatric or concussion history);
    d. ADD/ADHD comprehensive diagnostic scale **(symptom scales are not acceptable**) assessing symptoms and impairment used to support the diagnosis of ADD or ADHD, including:
        i. Conners Adult ADHD diagnostic inventory (CAADID); or
        ii. Adult ADHD Clinician Diagnostic Scale (ACDS) v1.2; or
        iii. Barkley Diagnostic Scale with Barkley Impairment Scales;
        iv. Diagnostic Interview for ADHD in adults (DIVA 2.0); and
    e. Additional testing as indicated by clinical evaluation.
3. All available records from previous evaluations that document diagnosis, including any previous test results, previous treatments that have been attempted (include doses and duration of treatment) and the results of such treatment trials;

4. Specification of the DSM-IV criteria that are present to diagnose ADD/ADHD; and 5. Management plan, to include:
    a. Medication prescribed, including dosage and frequency of medication; Treatment with non-prohibited substances should be included;
    b. Mechanism to be used to document treatment effectiveness (e.g., the use of rating scales, such as the World Health Organization's Adult ADHD Self Report Scale (ASRS v1.1). Symptom Checklist can be given before beginning treatment and at follow-up visits). **These symptom scales can be used for documentation of treatment but not for diagnosis.**
    c. Further testing or treatment of co-morbidities; and
    d. Plans for follow-up visits.
6. Completed 2014 TUE application form.

Additionally, it is **strongly suggested in all cases, and required if there is any question that the player may have a learning disability,** that the initial TUE application include the following:

1. Neurocognitive testing for learning disabilities, including:
    i. Wechsler Adult Intelligence Scale-III;
    ii. Wechsler Individual Achievement Test-II or Woodcock Johnson Tests of Cognitive Abilities – III;
    iii. Specific tests of executive function and impulse control; and
    iv. Appropriate testing to assess learning disabilities as indicated in clinical history.
2. Verification of the symptoms and behaviors by another person, e.g., a family member, coach, teacher, supervisor or school records. An evaluation by a second expert clinician would also suffice.

Annual renewal

All TUEs for ADD/ADHD require an annual renewal. The following must be submitted annually prior to July 1, 2014:

1. Documentation of all follow-up visits (minimum of 2), including symptoms, efficacy of treatment and treatment of co-morbid conditions. The most recent follow-up visit must take place within 60 days of the TUE renewal application;
2. Results of any pertinent testing that was completed during the previous year, including the mechanism used to document treatment effectiveness (e.g., rating scales such as the World Health Organization's Adult ADHD Self Report Scale (ASRS v1.1)); and
3. Treatment plan for the coming year, including medication(s) prescribed, tests ordered and plans for follow-up visits.
4. Completed 2014 TUE application form.

A full evaluation must be performed every three (3) years.

NFL Requirements for Therapeutic Use Exemption (TUE):

Diuretics in the Treatment of Hypertension

Systemic hypertension is the most common cardiovascular condition observed in competitive athletes and is defined as a having a blood pressure measurement above 140/90 on two separate occasions. There are many factors or conditions which affect blood pressure including excess body weight, excess sodium intake, renal disease, sleep apnea and other diseases. In addition, certain medications and foods can cause elevated blood pressure including, non-steroidal anti-inflammatory medication, stimulants, corticosteroids, anti-depressant medication and alcohol. Lifestyle, medications and presence of causative diseases should be included in the evaluation and treatment of an individual with hypertension. The use of diuretics as part of the treatment of NFL players with hypertension requires a TUE.

Initial TUE application

As a reminder, all TUE applications must be sent to the Independent Administrator prior to the initiation of treatment.

The following specific requirements must be satisfied in order to grant a TUE for the use of diuretics for hypertension:

1. History and physical examination with blood pressure measured on at least two independent occasions with an adequate sized cuff;
2. Laboratory testing must include:
    a. 12 lead electrocardiogram
    b. Urinalysis
    c. Electrolytes including Calcium
    d. BUN/Creatinine
    e. Urinalysis
3. Testing as indicated including:
    a. 24 hour urine for protein and creatinine
    b. Renal imaging
    c. Echocardiography
    d. EKG stress testing
4. Management plan including:
    a. Treatments previously attempted including lifestyle modification and medication (including dose, frequency and duration of trial of treatment). Trial with a non-prohibited substance (e.g. ACE-I, ARB, calcium channel blocker, etc) is required before the use of a diuretic will be approved.
    b. Medication suggested with dose, route and frequency
    c. Plan for monitoring including frequency of visits and follow-up testing

Annual Renewal

All TUEs for hypertension require annual renewal. The following must be submitted prior to July 1:

1. Documentation of all follow-up visits including effect of treatment, adverse effects and results of all laboratory tests. The latest visit should be within 60 days of renewal; and
2. Management plan for the year, including:
    a. Medication suggested with dose, route and frequency
    b. Plan for monitoring including frequency of visits and follow-up testing.

NFL Requirements for Therapeutic Use Exemption (TUE):

Hypogonadism

Hypogonadism is the absent or decreased function of the testes resulting in decreased production of testosterone and/or decreased production of spermatozoa. Hypogonadism can be primary, a problem in the testes with etiologies such as Klinefelter's syndrome, Leydig cell aplasia, bilateral anorchia, testicular infection, trauma, etc. Hypogonadism can also be secondary with normal testes but lack of the stimulatory signals (gonadatropic hormones LH and/or FSH). Examples of the medical conditions or treatments that may cause

hypogonadotropic hypogonadism include isolated LH deficiency, hypopituitarism due to tumor, infection or trauma, medications, etc.

Previous use of exogenous androgens may result in decreased pituitary and/or gonadal function and TUE is not indicated for this condition. Additionally, low normal levels of gonadal hormones and/or gonadotropins are not indications for granting a TUE for hypogonadism.

Initial TUE application

As a reminder, all TUE applications must be sent to the Independent Administrator prior to the initiation of treatment. Additionally because expanded drug testing is required during evaluation process (see below), the Independent Administrator should be notified when diagnosis is being considered.

The following specific requirements must be satisfied in order to grant a TUE for hypogonadism:

1. History and physical examination performed by an endocrinologist and all medical records which document the diagnosis;
2. Laboratory testing must include:
    a. Free (dialysis method) and Total testosterone drawn before 10 AM – repeated 3 times over 4 weeks
    b. LH and FSH – drawn with testosterone each time
    c. Sex hormone binding globulin (SHBG)
    d. TSH and free T4
    e. Estradiol
    f. Prolactin
    g. IGF-1
3. If clinically indicated, testing must include:
    a. Testicular imaging
    b. Semen analysis
4. If hypogonadotropic hypogonadism is the presumptive diagnosis, then stimulation testing and imaging must be performed including:
    a. Glucagon stimulation test or GHRH for HGH
    b. HCG stimulation test
    c. MRI of brain with pituitary (sella) cuts with and without contrast
5. Drug testing under the NFL Policy on Anabolic Steroids and Related Substances to coincide with the administration of repeated tests for testosterone (to be arranged through the Independent Administrator)
6. Management plan including:
    a. Medication suggested with dose, route and frequency and who will be administering medication
    b. Regular testing of serum hormone levels (Free and total testosterone, LH, FSH) with levels not exceeding therapeutic range. Results must be sent to Independent Administrator who may at his sole discretion require additional testing of the player's hormonal level on 24 hour notice; and
    c. Regular visits and plans for re-evaluation (e.g. trial off medication with testing)

All players granted a TUE for hypogonadism will be subject to expanded testing under the Policy during the year.

Annual Renewal

All TUEs for hypogonadism require annual renewal. The following must be submitted prior to July 1:

1. Documentation of all follow-up visits including effect of treatment, adverse effects and results of all laboratory tests (latest test must be within 60 days of application);
2. Results of a re-evaluation following removal from the medication with adequate washout period (4-6 weeks) or medical justification why re-evaluation need not be performed.
3. Management plan for the year to include:
    a. Medication suggested with dose, route and frequency and who will be administering medication
    b. Regular testing of hormone levels (Free and total testosterone, LH, FSH)
    c. Regular visits and plans for re-evaluation (e.g. trial off medication with testing)

APPENDIX J

WADA Technical Document – TD2014IRMS

Document Number:	TD2014IRMS	Version Number:	1.0
Written by:	WADA Laboratory Expert Group	Approved by:	WADA Executive Committee
Date:	17 May 2014	Effective Date:	1 September 2014

Detection of synthetic forms of Endogenous Anabolic Androgenic Steroids by GC-C-IRMS

1.0 Introduction

This Technical Document describes the analytical method to detect the presence of synthetic forms of endogenous anabolic androgenic steroids (EAAS) by Gas Chromatography – Combustion - Isotope Ratio Mass Spectrometry (GC-C-IRMS) in urine *Samples*.

Consideration is also given to boldenone and to formestane[1], which may be naturally found in urine *Samples* at low concentrations. 19-norandrosterone (19-NA) and 19-noretiocholanolone (19-NE) are considered in a separate Technical Document [1] and the technical recommendations and requirements described herein shall not be applied to their analysis.

1.1 Application of GC-C-IRMS

GC-C-IRMS analyses shall be conducted as a Confirmation Procedure when the Laboratory receives an "Atypical Passport Finding (ATPF) Confirmation Procedure Request" or a "Suspicious Steroid Profile Confirmation Procedure Request"[2] notification through *ADAMS*, as described in the Technical Document on the Measurement and Reporting of EAAS (TDEAAS) [2].

In addition, a GC-C-IRMS analysis can be requested to be performed on any urine *Sample* by the Testing Authority, the *Athlete* Passport Management

[1] Formestane (4-hydroxyandrost-4-en-3,17-dione) is an aromatase inhibitor but its structure is similar to EAAS and it also may be found naturally in urine *Samples*; therefore, it requires a similar Analytical Testing approach as EAAS.

[2] The Laboratory shall receive the automatic "Suspicious Steroid Profile Confirmation Procedure Request" notification through *ADAMS* 14 calendar days after *Sample* reception. The Laboratory shall proceed with the GC-C-IRMS Confirmation Procedure unless, after contacting the Testing Authority, the Testing Authority can justify that the GC-C-IRMS analysis is not necessary. If no feedback is received from the Testing Authority within 7 calendar days, the Laboratory shall proceed with the GC-C-IRMS confirmation analysis.